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APPLICANTS

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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	/AMY B VANATTA/ Examiner's Signature	Initials	AUSTRALIA	7	15

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TITLE

Breast Feeding Cover

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